U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Street

City

Jasper

5. Position in labor organization.

State Tennessee

503 Westfield Place

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as americed. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E AFR 4205	REFULLY BEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
9227	1 / 1 / 3005 Through: 12 / 31 / 2005
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Sam H May	Name International Brotherhood of Boilermakers
	Labor Organization File Number 000-074
P.O. Box, Bldg., Room No., if any	P.O Box, Building and Room Number, if any Suite 570

City

State Kansas

Street 753 State Avanue

Kansas City

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

ZIP Code + 4 37347

Int'l Vice President Southeast Area

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name	re, if any)	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	;	
Street		7.b. Amount.
City		
State Other ZIP Co:	de + 4	

## Signature

13. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	DAM	H	N	1	
				V	

on 3-28-06

(423) 942-0126

Date

Telephone Number

ZIP Code + 4 66101

Name of Person Filing Sam May	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade rame, if any).  Name Boilmaker Southeastern Area Joint App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840  10. If 9.b. or 9.c. is checked give trust or employer s name	9. Business deals with:  X a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.		
g., a a a a a a a a a a a a a a a a a a a	Area Apprenticeship Training		
Name	The data report the state of th		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
	11.b. Approximate dollar value of such dealing. \$3,500,000		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	January 24-27, 2005 Quarterly Trustee Meeting, 'airfare, hotel, meals, etc.		
	Direct Expense Reimbursement		
	Note: Total includes continental breakfast furnished by SAJAC		
	12.b. Amount. \$1,237		
	C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

Name of Person Filing	Sam May	File Number <b>U</b> -
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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boilmaker Southeastern Area Joint App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840	9. Business deals with:  X a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Area Apprenticeship Training  11.b. Approximate dollar value of such dealing. \$3,500,000
City State ZIP Co te + 4	12.a Nature of interest held or income received.  May 8-13, 2005 Quarterly Trustee Meeting, airfare, hotel, meals, etc.  Direct Expense Reimbursement  Note: Total includes continental breakfast furnished by SAJAC
	12.b. Amount. \$1,042

C. Received from any employer (or from any labor relations consultant to				
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultar	nt	14.a. Nature of payment.	
Name		-		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City		. !		
State	ZIP Code + 4	!		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment	

Name of Person Filing Sam May	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boilmaker Southeastern Area Joint App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840	9. Business deals with:  X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Area Apprenticeship Training
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$3,500,000  12.a. Nature of interest held or income received.  May 11-13, 2005 Quarterly Trustee Meeting, airfare, shotel, meals, etc.  Direct Expense Reimbursement  BNAP
	12.b. Amount. \$724
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	Sam May	File Num	iber <b>U-</b>	

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boilmaker Southeastern Area Joint App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840	9. Business deals with:  A. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.a. Nature of such dealing.  Area Apprenticeship Training
City State ZIP Co Je + 4	11.b. Approximate dollar value of such dealing. \$3,500,000  12.a. Nature of interest held or income received.  August 16-19, 2005 Quarterly Trustee Meeting, airfare, hotel, meals, etc.  Direct Expense Reimbursement  Note: Total includes continental breakfast, reception and banquet furnished by SAJAC.
C. Received from any employer (other than an employer covered und	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name of Person Filing Sam May	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Boilmaker Southeastern Area Joint App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer	
Street 3715 Upper Creek Drive  City Ruskin  State Florida ZIP Code + 4 33573-6840		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  Area Apprenticeship Training	
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. \$3,500,000	
City State ZIP Code + 4	12.a. Nature of interest held or income received.  September 27-30, 2005  BNAP - National Apprentice Testing and Awards Dinner  Direct Expense Reimbursement	
	12.b. Amount. \$382	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.	
Street  City  State  ZIP Code + 4		

14.b. Amount of payment

13.b. Is the Business an Employer 📒 🕒

or Consultant

?

Name of Person Filing Sam May	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully a consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing to, or other of an employee whose employees your labor organization or selling or leasing to, or other of an employee whose employees your labor organization or selling or leasing to, or other organization or selling or leasing to, or other organization or selling or leasing to, or other organization or selling or leasing the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists of buying from or selling or leasing the consists o	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Boilmaker Southeastern Area Jount App Comm  Trade Name, if any: SAJAC  P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive	9. Business deals with:  A. Labor Organization  b. Trust  c. Employer
City Ruskin State Florida ZIP Code + 4 33573-6840	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  Area Apprenticeship Training
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. \$3,500,000
State ZIP Code + 4	12.a. Nature of interest held or income received. October 24-26, 2005 Quarterly Trustee Meeting, airfare, hotel, meals, etc. Direct Expense Reinbursement Note: Total includes continental breakfast
C. Received from any employer (other than an employer covered under	
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	

14.b. Amount of payment

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

Name of Person Filing Sam May	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Boilmaker Southeastern Area Joint App Comm	🗙 a. Labor Organization	
Trade Name, if any: SAJAC	b. Trust	
P.O. Box, Bldg., Room No., if any  Street 3715 Upper Creek Drive	c. Employer	
City Ruskin		
State Florida ZIP Code + 4 33573-6840		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.  Area Apprenticeship Training	
Name	_	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$3,500,000	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	December 1-2, 2005 SAJAC Open House	
	Direct Expense Reimbursement	
	12.b. Amount. \$461	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

or Consultant

13.b. Is the Business an Employer